

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41221

STATE FILE NUMBER

Registration District No. 238

Primary Registration District No. 5821

Registrar's No. 53

1. PLACE OF DEATH a. COUNTY New Madrid			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Tenn. b. COUNTY Shelby 8410		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Big Prairie Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Memphis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Miles S. Sikeston, Mo.		Length of stay in 1b	d. STREET ADDRESS 575 East St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robin Middle Hamilton Last Hicks			4. DATE OF DEATH Month Nov. Day 12 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 30, 1929	9. AGE (In years last birthday) 28 If UNDER 1 Year: Months 0 Days 12 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Airforce		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Memphis, Tenn.	
13. FATHER'S NAME John Walker Hicks			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME Hazel Patterson			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, Active Duty		
16. SOCIAL SECURITY NO. 408-36-8124		17. INFORMANT T. H. Miles, 1015 Tanglewood, Memphis, Tenn.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attendant, by all records, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) death was due to a car accident. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Above was driving car that was hit by trailer-			
20c. TIME OF INJURY Hour 7:00 Month Nov. Day 12 Year 1957		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Highway #61			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway #61		20f. CITY, TOWN, OR LOCATION Big Prairie, New Madrid Missouri		20g. COUNTY Missouri	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Fay Hedgcock (Degree or title) Coroner			22b. ADDRESS New Madrid, Missouri		22c. DATE SIGNED 19 Nov 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 13 Nov. 57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Memphis, Tenn.
24. FUNERAL DIRECTOR Richards Undertaking Co.		25. DATE RECD. BY LOCAL REG. 19 Nov. 1957		26. REGISTRAR'S SIGNATURE Fay Hedgcock	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

5120

DATE RECEIVED NOV 20 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by; Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tammy L. Doherty
Licensed Embalmer No. 488

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above..